

EXHIBIT 43

PRIMECARE

MEDICAL, INC. +

The Choice for Quality Correctional Healthcare

February 22, 2018

CERTIFIED MAIL / REGULAR MAIL

Jessica Mahoney, PsyD

REDACTED

Dear Dr. Mahoney,

Pursuant to your offer letter of December 19, 2014 you were hired to fill a full time psychologist position at the Berks County Prison. You have been employed in this capacity since the inception of your employment, earning the salary of a psychologist. It has come to our attention that you have not yet passed your licensure examination. As set forth in the offer letter the obtaining and maintenance of a psychologist license is a condition to holding your current position. Given your lack of a licensure as a psychologist, PrimeCare Medical may no longer employ you in this capacity.

Given your efforts during the course of your employ we are willing to continue your employment as a mental health clinician (LPC) at a salary of **REDACTED**. This will be effective March 1, 2018. In the event that you remain unlicensed as of September 1, 2018, your salary will be reduced to **REDACTED** assuming you successfully obtain your license at any point during this time period, you will be promoted to the position of psychologist and your salary restored to its current level. In the event you are not successful in obtaining your license during this time period your position at Berks County may be filled with a licensed psychologist. We trust this will not be necessary, however, if it is and the Company has a need for a mental health clinician at another facility you will be afforded the opportunity to apply for that position.

Please let me know if this new classification as a mental health clinician is acceptable to you and I will see that a new offer letter is prepared.

Nothing in this letter is intended to alter the at-will nature of your employment with PrimeCare Medical, Inc.

Very truly yours,



Mark P. Andreozzi, CCHP
Director of Employee Relations

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
CERTIFIED MAIL	
	
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PS Form 3800	City, State, ZIP+4 Street and Apt. # Sent To Total Postage at Postage <input type="checkbox"/> Adult Signature <input type="checkbox"/> Certified Mail Fee <input type="checkbox"/> Return Receipt <input type="checkbox"/> Extra Services & Fees Certified Mail Fee For delivery

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87 • 1-800-245-7277 • FAX: (717) 545-5491

EXHIBIT

P-21**CONFIDENTIAL**

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